

NEA Application  
**Consortium Partner Information**  
(For official Consortium Applications only)

Read the  
instructions for  
this form before  
you start.

OMB No. 3135-0112  
Expires 11/30/2010

To be completed only by the one primary consortium partner and included in the application package. Do not complete this form if you are applying for a *Challenge America Fast-Track Review Grant*.

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**Lead Applicant for Consortium**

(official IRS name):

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**Primary Consortium Partner's IRS name:**

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Popular name (if different):

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**Primary  
Consortium  
Partner's  
Authorizing  
Official**

☐ Mr. ☐ Ms. First:

Last:

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**Address:**

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City/State/Zip Code (9-digit number):

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**Taxpayer ID Number** (9-digit number):

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**Web Address:** **http://**

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**Contact:** ☐ Mr. ☐ Ms.

First:

Last:

Title:

E-mail:

Telephone: ( )

ext.

Fax: ( )

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**Organization's Total Operating Expenses** for the most recently completed fiscal year (unaudited figures are acceptable):

\$

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**Mission/purpose of your organization:**

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**Briefly describe your organization's involvement in planning and executing the consortium project including programming, management, finances, and any responsibilities for matching the Arts Endowment's grant. Be specific; do not provide a general statement of support for the project. Use this space only.**

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